

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 111

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mark F Deatherage MD

Mailing Address 1600 NW 6th St

City

Grants Pass

State

OR

Zip Code

97526-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRANTS PASS SURGICAL ASSOCIATES

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 64984969

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Joseph James Fallon MD

Mailing Address 1 Sandwood Dr

City

Marlton

State

NJ

Zip Code

08053-7035

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOSEPH J FALLON JR MD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 64984979

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Shalin E Arnett DO

Mailing Address 2926 E Shetland Dr

City

Vincennes

State

IN

Zip Code

47591-1980

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : 64984989

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00